

BOARD OF REGISTERED NURSING
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Louise Bailey, M.Ed, RN, Interim Executive Officer

NURSING PRACTICE COMMITTEE MEETING

MEETING MINUTES

DATE: May 18, 2010

TIME: 3:00 PM – 4:00 PM

LOCATION: Hilton Orange County
3050 Bristol Street
Costa Mesa, CA 92626
Phone: (916) 574-7600
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COMMITTEE MEMBERS PRESENT:

Kathrine Ware, MSN, RN, ANP-C Chair
Nancy Beecham, BS, RNC
Catherine Todero, PhD, RN

OTHERS PRESENT:

Janette Wackerly, MBA, RN NEC Liaison
Louise Bailey, Interim Executive Officer
Geri Nibbs, NEC
Miyo Minato, NEC
Kay Weinkam, NEC
Katie Daugherty, NEC
Heidi Goodman, Asst EO
Louisa Gomez, Program Manager
Leslie Moody, NEC
Shelly Ward, NEC
Judith Martin-Holland, Associate Dean UCSF
Nancy Spavan
Kelly Green, CNA
Jill Omstead, NP, CANP
Trisha Hunter, RN, ANA/C
Julie Campbell-Warnock, Research Specialist

Kathrine Ware, Chair opened the meeting shortly after 4:00 pm. and had the committee members introduce themselves.

11.0 Review and Approve:

➤ May 18, 2010

MSC: Todero/Beecham that the Committee approve minutes from February 24, 2010.

11.1 APRN Consensus: Issues related to the Regulatory Model by Colleen Keenan PhD, CANP Board of Director, Chair Practice Committee

Colleen Keenan PhD, RN Chair Practice Committee, California Association of Nurse Practitioners gave a presentation to the Committee on the APRN (Advanced Practice Registered Nurse) Consensus.

Introduced in 2008, the APRN Consensus Regulatory Model is a nationally developed process designed to ensure high quality patient care and safety delivered by advanced practice nurses. Four dimensions of regulation model (LACE) include education and program accreditation, individual APRN national certification and licensure within an APRN role and population. The presentation objectives included:

- Review the components of the APRN Consensus Regulatory Model from a *Nurse Practitioner* Perspective
- Present the national timeline related to planned implementation of the LACE framework
- Provide opportunities for discussion concerning application of the regulatory model in California.

For information: Nursing Practice Committee January 15, 2009 and Draft Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education June 18, 2008.

11.2 Barriers to Nursing Student Clinical Practice:

Kathrine Ware, Chairperson, requested persons in the audience to report on their experience with any barriers to nursing student clinical practice.

Comments made during Nursing Practice Committee Meeting on May 18, 2010, are as follows:

Judy Martin-Holland, Associate Dean, UCSF

Barriers to Nursing Student Clinical Practice:

- Electronic Medical Record (EMR), Pyxis (Medications), and OmiCell (Supplies) have created a natural impediment to nursing student experiences obtaining and passing medications. After much discussion and negotiating, limited access to charting and medication has been obtain in many of the clinical settings for students, but the process of obtaining access and using the limited access provided is highly laborious.
- Pediatric and psychiatric settings – many require the student have a facility RN at the student's side during medication administration. The Clinical Faculty or Clinical Instructor in some instances is not enough, facilities require a bedside nurse. This can

represent a perception of time drain for RNs who then in some cases refuse to work with patients for which students have been assigned.

- Pharmacists are putting policies in place to restrict student access to medications and administration of medication. A few pharmacist colleagues have reported receiving information from the "pharmacy board" (be it the CA Pharmacy Bd or a professional association – unclear), but they are saying the Prof Code 2729 document previously distributed by Ruth Ann Terry, is not strong enough evidence to substantiate student access to medication.
- Hospitals and medical centers are frequently canceling student rotations/clinical experiences, sometimes with less than a day notice, when notified of a Joint Commission or CMS visit.
- Students must complete multiple modules and other pre-clinical rotation facility-based learning activities before setting foot in each clinical facility. The majority of these modules are repetitive of information/activities required by the School and other area facilities. Completion of these modules/activities take an average of 8-10 hours per setting, per student. Students moving from a pediatric rotation to a psych rotation, to a med-surg rotation in one quarter, may spend up to 30 hours completing repetitious modules (HIPPA, Handwashing, Falls, Verbal Orders, etc.). This information is above and beyond facility specific responses such as what to do in case of fire (where to call, how to respond), Code designations (blue, patient out of control, etc.).
- The Joint Commission has a document guiding facilities who have volunteer and contract personnel in their facilities. Some facilities consider nursing students in this category of "visitor" in the facility. The document greatly limits sharing patient information and student involvement with patient care. Facilities who stringently use this document limit students to observatory roles limiting student-patient interaction.
- Additionally, on the Advanced Practice side of our education programs, pharmacists limit licensed Registered Nurses who are in a graduate advanced practice program to have access to medications or to administer medications.
- Licensed RNs in a graduate program are still not allowed access to EMR.
- Liability concerns are used to control student-patient interactions for students in the advanced practice program. We're told the students "must be supervised at all times".
- Advanced practice nurses report patient volume expectations cannot be maintained while a student is being precepted, so they restrict access to our students.
- Liability language required by the UC's limits midwifery student ability to experience home and other alternative birth locations.

Dr. Nancy Cowen MS.EdD Director at Chabot College was unable to attend the meeting and requested to present the findings of the northern ADN Directors at the July 13, 2010 meeting.

Dr. Nancy Cowen MS, EdD; RN Director at Chabot Colleges and president of the Northern California Associate Degree Nursing Director Group will provide survey information on items of concern. Vicky Maryatt, RN MSN Director American River College and Roz Hartman MSN, RN Director at College of Marin produced the survey with results which will be brought to the committee meeting.

Northern Associate Degree Nursing Programs are experiencing difficulty with aspects of nursing student clinical affiliations in acute care and in some instances inability of nursing students to perform glucometer testing, access to medication including narcotics, access to the electronic medical record, and limiting Bar Coding Medication Administration. Faculties are experiencing changes in acute care where nursing student learning opportunities have been declining in the hospitals.

11.3 Public Comment for Items Not on the Agenda

11.4 Open Forum No public comment was made.

Submitted by:

Janette Wackerly RN
Janette E. Wackerly, MBA, RN
Liaison, Nursing Education Consultant

Approved by:

Kathrine Ware MSN, RN, ANP-C
Kathrine Ware, MSN, RN, ANP-C
Chairperson

FILED IN 13-2-28